SATURDAY, MAY 29, 1875.

ORIGINAL LECTURES.

CLINIC

OF PROF. D. B. ST. JOHN ROOSA.

Reported by J. M. HARVEY, M.D.

Delivered May 4, 1875, at the University Medical College, N. Y.

GENTLEMEN,—I want to recall to your minds the case of atrophy of the optic nerves, in a man who came here last week and confessed to very intemperate habits in the use of alcohol and tobacco. I made, by means of the ophthalmoscope, the diagnosis of atrophy of the optic nerves. You know the optic nerve enters the eyeball a little on one side of the centre. Its surface after entering the eyeball is called optic papilla or disk, and is a blind spot at all times; that is, no image is formed upon it; therefore, if we could imagine such a state of things as atrophy of this nerve-entrance only, while its fibres which pass into the retina are intact, you might well ask, how will there be any blindness? What difference would it make if the optic nerve-entrance be atrophied? Such a case has been lately attending at the Manhattan Eye and Ear Hospital. The ophthalmoscope shows not only whiteness of the papilla, but actual shrinkage of tissue and lessening in size of the vessels, with excavation of the disk, and yet the vision, since he has been treated for syphilis, which was the provoking cause of his optic neuritis and subsequent atrophy, has increased to the normal standard. From this entrance go out transparent fibres which make up a part of the retina. Now, if we have this optic nerve atrophied, and the fibres that convey impression to the brain become affected, then vision is impaired. A man may have considerable atrophy of the nerve-entrance, but so long as these fibres that pass out into the retina are not interfered with he may have very good sight; in the present case we found vision very much reduced, so that it was only about $\frac{2}{200}$ on each side, but there may be decided atrophy of the nerve-entrance and yet the vision be $\frac{20}{20}$.

We call this disease *amblyopia potatorum*, from drinking, or *amblyopia ex abusu*, from abuse of any of the stimulants or narcotics. It is usually a neuritis in its first stages. The treatment is, in the first place to abandon the habit which produced the trouble, and in the second place to stimulate the nerve. You remember we advised that man to give up the use of tobacco and alcohol, and to use strychnia. The object of the strychnia was to stimulate the vessels to produce such action as will fill up these little lateral blood-vessels of the disk which have become void of blood, for it is anæmia which causes this tissue to shrivel and lose its power of conveying impressions.

Atrophy of the optic nerve may be produced by very many causes, and I do not think true atrophy of the nerve is one of the frequent results of the abuse of narcotics and stimulants. A man may get a blow on the back of the head which may cause congestion of the brain, and the blood in the vessels pressing upon the optic nerve may cause the circulation in the nerve to be diminished, or hemorrhage from these vessels may cause a destructive or injurious pressure. A tumor may arise from the base of the brain, or, as sometimes happened during the late war, a man may be shot in the head, the ball passing across the optic nerve; the result will of course be atrophy of the stump of the divided nerve. Any disease of the brain which produces pressure on the nerve or destruction of its continuity, if the pressure be continued long enough, will cause atrophy.

I was called a few days ago, by a member of the class, to see a young woman who had a chill and complained of pain in her eyes, and, taking my ophthalmoscope and looking in upon the eyes, I found she had acute inflammation of the optic nerve-entrance descending from the brain (neuritis optica descendens), and unless that passes away very quickly the tissue will be so pressed upon that atrophy will result. Acute inflammation of a nerve is not always followed by atrophy, however, for many cases of neuritis are recovered from without any marked changes in the nerve-tissue. Atrophy of nerve-tissue in one part of the body is exactly the same as in any other part. Why does not every one who uses tobacco in excess get neuritis and subsequent atrophy of the optic nerve? I cannot answer that question, any more than I can tell why all persons who use alcohol to excess do not die of delirium tremens. Some persons who use alcohol to excess live to old age; so also it can be said of some who use tobacco to excess: they live to old age with apparently no impairment of their organs. We do know, however, that the excessive use of tobacco and alcohol sometimes produces neuritis, and that by the entire abandonment of the habit a recovery is often secured.

There is just one thing to be said about the use of the ophthalmoscope in the diagnosis of disease. By many general practitioners it is considered a very complicated instrument. I grant that to understand the principles upon which its use is based requires a very considerable knowledge of optics, but, practically, it is a very simple instrument; it is simply a reflector by which to illuminate the back part of the eye, and a man may learn to make a diagnosis with its aid before he has mastered the principles upon which its use depends.

Case I.—This case (*strabismus convergens*) speaks for itself. This little girl has got strabismus or convergent squint. You will see that one eye runs past the optic axis so as to cause great deformity, and the images cannot fall upon the same spot in the two eyes; consequently if she sees with each eye there will be one image in one eye and another image in the other eye; but probably one image is suppressed or disregarded, and she sees only with one eye at once.

There is but one thing that will cure the strabismus, and that is an operation.

The mother says her child was not born with

squint, but that it occurred soon after birth. This is a very natural mistake, but nevertheless a mistake. The conditions for the strabismus existed at birth, although the squint did not show itself until the eyes began to be used on objects near the eye, or when the eyes were steadily fixed upon a near object. Convergent strabismus results from a shortened condition of the eyeball, and it occurs at a very early age, as soon as the patient begins to use the eyes on objects near at hand; and although it may be said persons are not born with squint, it is nevertheless true that they are born with that condition which produces this trouble. The shortness of the eyeball prevents the patient from being able to see distinctly at any distance, but such persons soon find that they can see more distinctly if they excessively converge the eyes, and in that excessive convergence one eye begins to shoot by the other, and then they have such a state of things as is represented in that diagram, the images not being received on corresponding parts of the retina. I examined this child's vision, and found it more defective on one side than on the other. This defect occurs as a consequence of the want of development of the eyeball,—hypermetropia. The operation for squint essentially consists in dividing the muscle and causing it to insert itself farther back on the eyeball, where it will have less power and the patient cannot converge the eyes so much.

The instruments necessary for a squint-operation are, first, one that will keep the eyelids open,—a spring speculum; second, an instrument that will hold the eyeball,—a pair of fixation-forceps; third, a pair of forceps to take up the conjunctiva; fourth, a pair of scissors with delicately rounded points, with which to cut through the conjunctiva and theca; fifth, a strabismus-hook for taking up the tendon; and sixth, a pair of scissors with which to divide the tendon.

The strabismus is so great in this case that the muscle will have to be divided in each eye.

[Operates.]

That is an operation, gentlemen, which all of you may easily repeat on the cadaver, and observe every part except the bleeding.

When this child began to squint, if it had been possible for her to tell her sensations she would have told you that she saw double,—one image with one eye, and another image with the other eye. This double vision is very annoying, as any one of you may know if from any cause you ever experienced it. In order to get rid of this annoying double vision the patient soon learns to suppress the image of one eye, and, as a result of this suppression, you will almost always find that the vision is better in one eye than in the other.

As the operation for squint consists in dividing the muscle and causing it to insert itself farther back on the eyeball, you may ask, why does not the squint return after the muscle has inserted itself and again become powerful? It will return in many cases unless the shortened condition of the ball be corrected by glasses that have the effect of lengthening it,—by a convex glass.

Case II.—This gentleman is a member of the class, and he has done me and you a great favor by allowing his case to be presented before you for examination. Age 26; had trouble in ears thirteen or fourteen years. The gentleman says he went in bathing, and after coming out of the water he felt bubbles in his ears, and his hearing was impaired.

This was still-water bathing. In surf bathing there is great danger, from the force of the waves striking the membrana tympani and breaking it. There is always danger, in any kind of bathing, of water getting in the ears, soaking through the membrane, and setting up congestion and inflammation of the tympanic cavity. What this gentleman had was congestion of the tympanic cavity, caused by the presence in the ear of a large quantity of water which had soaked through the membrane. While bathing we have all had the experience of getting water in our ears, and we are all familiar with the boys' method of getting it out,—*i.e.*, jumping on one foot until the ear is shaken dry.

There is but little if any impairment of hearing in this case, consequently he could have no suppuration of the middle ear, and what he is now troubled with is eczema of the external auditory canal. The great remedy for chronic irritation of the external canal is warm water three or four times a day, and next to that sulphate of zinc or alum. If you see the patient yourself, you might apply nitrate of silver in solution by means of a little cotton on a cotton-holder. The gentleman before us does not need any constitutional treatment. I should say that your class-mate was a perfectly healthy man, and that the eczema occurs from causes entirely local, and local treatment as suggested above will cure it.

ORIGINAL COMMUNICATIONS.

WHAT CONSTITUTES A LIVE BIRTH?

BY JOHN J. REESE, M.D.,

Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania.

THE question, What constitutes a live birth? has an important twofold medico-legal application. First, in its *criminal* relation to infanticide; and secondly, in its *civil* bearing to the transmission of an estate from a deceased wife to her husband, through issue born alive.

A very different answer to the above question would be given by the non-professional and the professional person. In the estimation of the former, life in the new-born babe is evidenced only by the full and active play of all the functions and organs of its body. If it has come into the world without exhibiting voluntary movements and without visible respiration (and consequently without the traditional cry), albeit having a pulsating umbilical cord, a throbbing heart, and a distinct pulse, he would probably pronounce that the child is not really alive,—that is, that it has not a separate, independent existence apart from its mother; but that it merely carries in its body the faint remnants of its former fœtal life, which are now rapidly flickering away.

On the other hand, the professional expert will tell us that *any one* satisfactory evidence of life is sufficient to establish its existence, both physiological and legal.

Let it be premised that by the term *live birth* the law understands "the complete extrusion from the mother of a living child," with or without the severance of the cord. In the case of an alleged infanticide, where proofs of the crime can be obtained solely from the inspection of the dead body, the chief evidence of previous life is derived from the *hydrostatic test* of the lungs; and this, unfortunately, is not always reliable. But in the civil case, which has reference to the transmission of an inheritance through a child born alive, the proofs of the live birth can readily be furnished by the attending physician, as also by other witnesses who may have been present at the delivery. In this latter case, no post-mortem examination is necessary, since the other proofs of life are far more satisfactory and complete.

It is to the latter aspect of the case (the civil) that I propose briefly to direct attention in the present article. By the old English law which has been in operation for centuries, and which is recognized at the present day in several of the United States, the husband of a deceased wife who dies seized of an inheritance acquires a life-interest in such inheritance, *provided* there was issue born alive. In such a case, the husband is technically said to inherit by "tenancy of the courtesy of England;" he is called "a tenant by courtesy." In the State of Delaware, which still retains the old English law on this subject, an important case lately occurred in which this principle was involved. The case (Stout *vs.* Killen) was tried in Dover, May 4, 1875, before the Superior Court of Delaware, the Hon. Judge Gilpin presiding, on a writ of ejectment brought against the defendant for the recovery of a property that had passed into his possession, as "tenant by courtesy," on the death of his wife some years previously, through an infant alleged to have been born alive, but which survived but half an hour. The plaintiffs (the wife's heirs-at-law), on the other hand, affirmed that the child was not born alive, and, consequently, that the estate did not pass to the husband. Here the whole case virtually turned upon the question of the live birth, and this, of course, involved the important query of what constitutes a live birth.

Two highly respectable physicians who attended the lady in her confinement testified that the labor was a protracted and difficult one, requiring the use of the forceps. The patient, moreover, had convulsions. The child was large and fully developed, the chest was rounded, the lips were ruddy, the general color of the body natural (not livid). The umbilical cord distinctly pulsated for about twenty minutes after complete delivery, when it was cut. The heart and temporal arteries beat distinctly all this time, *and continued so to do for five or six minutes after the severance of the cord.* There was no perceptible respiration, and of course no cry; nor were any spontaneous movements of the body observed. All the usual restorative measures were practised, but without effect; all evidences of life ceasing about half an hour after the birth. Both the physicians testified that they regarded the child as born alive.

As one of the expert witnesses called for the defence, I had no difficulty whatever in giving an affirmative answer to the question, Was this child born alive? and in this I was ably supported by Prof. Penrose, of the University of Pennsylvania, and also by several distinguished physicians of Dover; and I based my opinion upon the following data:

It has long been a settled point in law, founded upon a recognized physiological fact, that respiration (or crying), although an important evidence of live birth, is by no means the *only* evidence. It is admitted that a child may be born and die without breathing; so that the wilful destruction of such a child is just as much murder as if it had cried lustily and moved its limbs vigorously. What the law requires in such cases is simply *proof of life*, not proof of respiration. Now, if life can be proved by other means than by respiration, the law's demands will be satisfied. I think we must admit that the pulsation of the child's heart and arteries, after its full extrusion into the world, and especially after severance of the umbilical cord, is a good evidence of life. Certainly the heart does not beat nor the pulse throb in a dead child; and there is no alternative between a dead child and a living one. Again, there can be no pulsations in the funis of a dead child; we all know that one of the surest signs of death in a child during parturition is the cessation of the pulsations of the cord. Furthermore, the redness of the lips and the healthy (not livid) appearance of the body, together with the rounded condition of the thorax, were highly suggestive of a feeble, though imperceptible, respiration.

The only attempt on the part of the plaintiffs to rebut this testimony was by alleging that this (admitted) life in the child was merely the remains of its intra-uterine life,—"a prolongation of its fœtal life,"—extending its influence beyond the period when the child was separated from its mother, and galvanizing, as it were, what was in reality a lifeless mass of flesh and bones! This latter doctrine we hold to be untenable. The child was either alive or dead at its birth. Confessedly it was not born dead. No one would presume to bury an infant with its heart and arteries beating, and with a natural appearance of its lips and skin, even though it did not visibly breathe. Such a "prolongation" of life was, by the plaintiff's counsel, likened to the *momentum* imparted to a piece of machinery and retained for a while after the impelling power had been withdrawn. Here the motion might, in truth, be said to be merely the "remnant" of the antecedent power, and one that must of necessity soon come to a stop. But there is this immense difference between the two cases, which, at first sight, might seem so analogous: the machinery is but dead matter, subject merely to the laws of inertia; whilst the infant is endowed with a living organism capable of maintaining its own existence, provided it be furnished with the conditions of life. This

idea is further sustained by the well-known fact that many infants born apparently dead, and remaining for some time in this state, do actually revive and continue to live. I admit that in a very important sense its extra-uterine life was a "prolongation" of its fœtal life, but precisely in the same way as it is in all our bodies. Certainly there is no *new* life imparted to a child after it is born. The principle of life mysteriously contained in the vivified germ is the same life continued on in the matured man, only developed. The life of the oak of a century's growth is essentially the same life that evidenced itself in the first swelling of the acorn beneath the soil. All we contend for is *life*,—not the amount or quantity of life, but the fact of life; and this latter, we think, was abundantly established by the evidence.

To discuss metaphysical subtleties on the subject of life before a court and jury, and to propound learned theories on the difference between intra- and extra-uterine life, in cases of this kind, may suit the purposes of ingenious counsel, but only serves to befog and confuse the plain common-sense jurymen. Besides, the rulings of the courts, both in England and in this country, have settled the question, in deciding that respiration (or crying) on the part of the new-born child is not required to establish the proof of a live birth, provided there are other evidences. Undoubtedly, the best physiological test of life is the pulsation of the heart. It is a more satisfactory proof than respiration, inasmuch as, in ordinary cases, life terminates in the heart, and not in the lungs or brain, since the heart is found to be beating some time after all evidences of breathing have ceased. The well-known experiments of Sir B. Brodie on animals also confirm this assertion. We do not pronounce a dying man to be *dead*, however feeble or inaudible his respiration may be, so long as we can feel or hear the throbbings of his heart; certainly we would hardly think it right to entomb such a person. And what is true of the man in this regard may be equally affirmed of the new-born infant.

This Delaware case may be regarded as a leading case in this country, and the finding of the jury (which was for the defendant) may be considered as establishing an important precedent in cases of a similar character. These cases, I may remark, are not of frequent occurrence; only a few have been reported in the English courts, and I can find but a single authenticated one in the law reports of the different States of our own country: that of Garwood *vs.* Garwood, which was tried in California in 1865. (Wharton and Stillé's Med. Jurisp., 1873, vol. ii. p. 1083, *note.*)

In this latter case there were several circumstances in which it closely resembled the one in question: thus, the labor was protracted; the child did not breathe after it was born, but the umbilical cord and the heart beat for about fifteen minutes after extrusion from the mother; and the heart continued to pulsate two or three minutes after the severance of the cord. Besides, there were muscular movements of the hands and feet immediately after delivery.

In one of the English cases (Fish *vs.* Palmer) the court took the very extreme view that a mere twitching or tremulous motion of the lips of the child on its being put into warm water (and lasting but for a few moments) was sufficient to establish a live birth; and this without any observed pulsations in the heart or in the umbilical cord, or any sign of respiration. It seems to me that this is stretching the doctrine rather too far, inasmuch as the very slight contractions of the mouth that were noticed might be accounted for from the muscular irritability that had not yet been lost, but which, as is well known, continues for some time after death, and usually until cadaveric rigidity sets in. This *irritability* is believed to be an inherent property of the muscular tissue, and so long as it continues it may be excited by any external stimulus, such as cold, heat, electricity, etc., producing muscular contractions. But this sort of motion is a very different thing from the active movement of the blood in the heart and the umbilical vessels, produced by the regular rhythmic contractions of the child's heart, and kept up for half an hour after the complete extrusion of the child into the world.

Another English case (Brock *vs.* Kelly, Taylor's Med. Jurisp., Am. ed., 1873, p. 625) came before Vice-Chancellor Stuart in 1861, and his decision confirms the views above expressed. Here "there was slight pulsation in the cord after separation from the mother, showing a feeble but independent circulation; there was no other indication of breathing than an arched state of the chest." In this case Dr. Tyler Smith considered that the beating of the umbilical cord "was a physiological proof that the child in question was not born dead;" whilst Drs. Lee and Ramsbotham, on the other side, testified that "nothing less than breathing could, in their judgment, establish the fact of a live birth." According to them, a child must breathe before it can be said to possess independent life. The vice-chancellor decided that proof of breathing was not necessary, and held that the pulsations of the cord, observed after birth, afforded sufficient legal evidence of a live birth.

That the above decision was based on sound physiological reasons is further shown by a case reported by Dr. Seale (*Am. Journ. Med. Sci.*, July, 1870, p. 278). He induced labor in a woman by means of ergot at about the seventh month of utero-gestation. "A large child was born, after some difficulty, but it did not make the slightest effort to breathe; there was distinct pulsation in the cord." Was this child living, or dead? According to Drs. Ramsbotham and Lee, it was not alive. But the result proved the fallacy of such an opinion; for on subjecting the child to the action of hot and cold water, etc., "violent spasmodic contraction of the diaphragm took place, which continued for five minutes. The cord was now severed, and a little blood was allowed to escape from the fœtal end; the tongue, which had fallen back, was drawn forward; a sudden spurt of a drachm of blood flowed when the constriction was relieved, and the child began to breathe very feebly, and so continued to breathe at long intervals. The heart beat very

feebly; the pupils widely dilated, and did not respond to light. This condition lasted one hour, when the child ceased breathing; the death being undoubtedly caused by compression of the brain."

I think, then, that the above-mentioned cases sufficiently sustain the position that respiration is *not* necessary to establish a live birth. As M. Bouchut justly remarks, "Apparent death succeeding to birth, and characterized by the presence of a beating of the heart and an absence of respiration, is *only a diseased condition* of the new-born child (*atelectasis*), and whether it is cured of this or dies, it is living, although it has not breathed." (*Gaz. des Hôp.*, 1855, No. 124.)

In the California case above alluded to, the opinion of the judge, as expressed in an able charge, was "that in the case in question it should be held that the beating of the heart was spontaneous, and that the child was born alive."

ON THE CAUSE AND PREVENTION OF TYPHOID FEVER IN SCHOOLS.

BY JOHN L. LECONTE, M.D.,

Late Medical Inspector U.S.A.

IN the beginning of January, 1875, I was requested to inspect St. Mary's Hall, Burlington, N.J. (a justly renowned school for the education of young ladies), in order to ascertain the cause of an outbreak of typhoid disease which had occurred some weeks before.

The cause, as is usual in such cases, was easily discovered, and the means for its removal and for the prevention of its recurrence readily determined. The suggestions which I made have been fully carried out by the trustees, and I in consequence gave a certificate stating that the necessary sanitary improvements had been made, and that there was no danger of a recurrence of typhoid disease.

These facts having come to the knowledge of several friends who are interested in sanitary science, I have been requested by them to prepare a short account of the causes which led to the development of the disease, and the results of the measures adopted for its suppression.

By the kind permission of the Board of Trustees of the school, I am now authorized to do this, and I hope that the lesson conveyed by these very simple observations will not be lost upon other institutions which are liable to similar misfortunes.

At the time that the hall was built, the water-supply was obtained from two cisterns, constructed of heavy wooden curbs, lined with brick and coated with cement. They were floored with timber, and descended below the level of subterranean drainage, by which spring-water would enter. In order to place the floor properly, a hole was cut in each to prevent the pressure of the spring-water. After the timber floor was fixed permanently, these holes were plugged, the plugs rising above the masonry bottom of the cistern. The water-supply was thus made to depend entirely upon the river; and had these arrangements continued without change I am confident that no typhoid disease would have occurred.

A year later, without the knowledge of the authorities of the school, the plugs at the bottom of the cisterns were removed. This was a capital error, but would, perhaps, have been insignificant in its results had it not been supplemented by a second, the pernicious effects of which recently manifested themselves. A year or eighteen months afterwards (1871), privy-vaults were dug outside of the building for the reception of the excreta, which up to that time were received in boxes and removed every few days.

One of these privy-vaults was most inconsiderately placed about eight or twelve feet from the water-cisterns, which, as is mentioned above, had been opened to the influence of subterranean drainage. This privy vault seems to have been constructed with all the care usually exercised in the building of such receptacles,—bottom and sides nine-inch brick, laid in cement, heavily and carefully covered with cement, and arched over above.

The result was naturally what any student of sanitary science would have predicted. After a certain lapse of time (in this instance three years) the soil around the privy-vault became poisoned with the effluvia and infiltrations, and the water-supply in the cisterns thus became contaminated.

Having thus ascertained the cause of the disease, the remedy was, of course, evident, and of easy application. I was glad to find that it had been already recommended by the physicians of the establishment, Drs. Pugh and Gauntt, who, with admirable judgment, had, on the 18th of December, 1874, advised the disuse of the cisterns. It is a significant fact, as showing the correctness of my view that the contiguity of the privy-vault to the cisterns was the *sole cause* of the disease, that ten days after the water had been, by the advice of the physicians, drawn directly from the river, the last case of typhoid fever occurred, and since that time (28th of December) the school has been quite free from all similar disease.

One or two interesting facts were developed during my examination, which are worthy of mention. Although numerous cases of typhoid occurred among the girls, and a smaller proportion among the teachers, *not a single one* of the servants was affected. On inquiring of the latter whether they drank water, the reply was that they used only tea and coffee, and almost never drank between meals. The girls, on the contrary, like all children, are frequently thirsty, and drink often at intermediate hours of the day. The water consumed by the servants was, therefore, boiled, by which process the molecular activity of the putrescent matter was checked, and its power as a zymos was destroyed. No more admirable instance of the efficacy of this simple remedy for the purification of contaminated water can be found.

I asked the Rev. E. K. Smith, D.D., the principal of the school, what had been the fate of those pupils who did not use tea, coffee, or milk, but drank water exclusively. He told me that, after careful inquiry at the different tables in the refec-

tory, he ascertained that of seven absolute water-drinkers six had been attacked with typhoid.

In conclusion, I would invite the attention of my colleagues in the medical profession, and the governing authorities of schools, both public and private, to the ease with which all similar outbreaks of disease may be prevented, or, as in the present instance, speedily removed, by seeking scientific advice.

The following recommendations, if adopted, would, in most cases, prove effective.

1. Before the plans of the building are fully matured, let an expert in sanitary studies be employed to give directions to the architect in all that relates to ventilation, drainage, and water-supply.

2. After the building is completed, no alterations should be made affecting these three essentials of good hygienic condition, without the suggestion of a practised sanitarian.

3. There should be stated inspections, say twice a year, of each institution by some sanitarian of acknowledged merit, who, after close examination and the correction of any defect, would give a certificate to be published in the circular or announcemen of the school.

4. On the outbreak of any zymotic disease in the institution, the advice of a sanitarian expert should at once be obtained, in order that means may be taken for its restriction, suppression, and prevention.

I may be permitted to add that at the last visit I made to St. Mary's Hall I found the sanitary condition perfect; and I cannot too highly commend the liberal manner in which the trustees have carried out the suggestions contained in my report, thus insuring, in my opinion, the health of the scholars confided to their care.

TRANSLATIONS.

Case of Hyperhidrosis Unilateralis.—Dr. Pokroffsky reports (*Berlin. Klin. Wochen.*, No. 13, 1875) the following case, which presented itself recently at Prof. Botkin's clinic in St. Petersburg. The patient, a man, presented the following appearances whenever he began to eat. The right side of the face, the greater part of the forehead, a part of the region about the shoulder, and the entire neighborhood of the temple, the ear, a little strip behind the ear, and the upper part of the neck on the right side, became decidedly red and covered with profuse perspiration. This collected gradually in large drops, and if not wiped away would run down over the body. The right half of the breast, the right arm and leg, were, during eating, somewhat warmer and more moist than the same parts on the left side. During the perspiration the right temporal artery became prominent, and pulsated markedly. Pulsation was noticeable also on the inner surface of the cheek. The pupils contracted equally; there was slight asymmetry of the face and tongue; the right eyelid could not be raised quite as high as the left.

During eating the temperature rose 0.2° to 0.4°, centigrade, in the right armpit, and other variations showed themselves later. Irritation of the sympathetic by the induced current during the patient's quiescence produced no effect similar to that brought on by eating; but if the patient began to eat while the stream was passing, the usual symptoms were observed. Faradization of the cervical sympathetic during eating caused rapid diminution of the redness, and cooling of this side. Various investigations showed an apparently normal condition of the nervous system in general. However, electro-sensibility of the right cheek was diminished. The hearing, which was imperfect, was worse on the right side. Examination of the abdominal organs showed enlargement of the liver and spleen.

The increased secretion of sweat dated back to a fever from which the patient suffered in 1844, and which was accompanied by parotitis of the right side. X.

A Masculine Maiden.—An individual twenty years of age, who had always been regarded as a girl, and whose social status was that of the sex, discovered his mistaken identity at the age of eighteen. For two years he kept his secret, but, wishing to marry, he was of course obliged to change his social position.

The examination which he was obliged to undergo resulted in developing the following appearances as to the sexual organs. The scrotum, divided in the middle, contained both testicles, and on the left a scrotal hernia. When the penis was erect it was invisible while the thighs were closed, but when these were opened it could be seen pointing backwards. This resulted from the fact that the prepuce was closely attached to the scrotum. It lay in the raphé of the scrotum, not like a protuberance from the latter, but embedded in it, and, in fact, in such a manner that the frænulum was fastened to the skin of the scrotal juncture and to that of the perineum. The normal and erectile glans was quite free. The individual in question admitted having twice completed coitus.—*Centralblatt*, No. 16, 1875. X.

Various Methods of Treating Wounds.—The *Centralblatt für Chirurgie*, April 24, contains abstracts of papers on this subject by various writers, whose views are essentially as follows:

Dr. Ollier (*Comptes-Rendus*, tom. lxxx., 1875) recommends dressings of cotton with immovable occlusion. He says that although, when the wadding is removed, quantities of vibriones and other low organisms are discovered in the discharges, yet no evil comes of this.

The same pus, however, injected into the cellular tissue of a dog brought about gangrenous phlegmons. This shows how tolerant the surface of the wound becomes to the presence of this pus. Should daily removal and cleansing of the wound be practised, some fine granulations must almost inevitably become denuded, and an absorbing surface for the pus be made.

This explains the rise of temperature which follows each renewal of the dressing when this is frequently carried out. On the other hand, if the immovable and occlusive wadding bandage be retained in position until it has to be removed on account of the accumulation of purulent matter, the temperature of the patient will fall after the dressing is changed. Ollier has had remarkable success with the immobile and occluded dressings, and believes them the most appropriate in severe wounds, etc., and also that erysipelas is not so frequently met with.

Marc Sée (*Rev. de Thérap.*, 1875, No. 2) uses irrigation by means of weak alcohol. Wounds treated in this way take on new action, and, although proud flesh is apt to show itself, laudable pus makes its appearance, and the wound thus treated rapidly assumes a healthy granulation, and tends towards rapid recovery.

Nussbaum (*Aertzl. Intelligenzblatt*, 1875, No. 5) gives statistics from the surgical clinic at Munich, in support of Lister's method of treating wounds. Its figures certainly show a marked falling off of mortality subsequent to the use of salicylic acid. X.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MAY 29, 1875.

EDITORIAL.

CONTRIBUTORS—PLEASE TAKE NOTICE.

IT may seem a matter of very trifling importance what cognomen is applied to a plant, animal, man, or paper. The old saw, it is true, affirms that a rose will smell as sweet with any other name; but in spite of this there was good sound sense, though not much worldly wisdom, in the brain of the young American who, seizing his nursing-bottle in one hand and the family carpet-bag in the other, indignantly left the house because his father and mother had finally settled upon Obadiah as a suitable title for him—their cherished first-born.

There really is much in a name,—much it may be that attracts, much it may be that repels; and because medical authors seem so often devoid of principle in their choice of titles we propose to call attention to the subject to-day.

In a novel or an article for a popular magazine, not only the title but even the very names of the characters play no small part in the achievement of success or in the shipwreck of failure. Any one conversant with Dickens's works knows the infinite appropriateness of the names of those personages whom his imagination has called into being. Uriah Heep "coming out strong" under difficulties is inconceivable, whilst for Mark Tapley to have taken upon himself the character of Bill Sykes would have been a violation of all the proprieties. Since the death of Mr. Dickens it has been discovered that he always selected his names with much care and thought, often rejecting many until he got the right one. The first lesson we would like writers of medical papers to learn would be that the names of their papers should be selected with care and thought.

In a popular magazine article, if it be possible, a name should always be chosen of such character as to excite curiosity. From Victor Hugo's "L'Homme qui rit," to Dr. Mitchell's "Wear and Tear," this principle has underlain the choice of all successful titles.

A medical journal is read, in theory at least, for knowledge. Approaching with an insatiable appetite for this valuable commodity, its reader asks no condiment to whet his ardor, but only desires to be shown at once where is the morsel his soul craves. Hence the principle that the title of a medical article *should express as briefly but as plainly as possible the essence of the paper.*

When we started this editorial we expected to nurture it to full maturity; but just at this point the postman brought us the following article from Dr. Billings, of the Army Medical Library; and, as the lesser should always give way to the greater, we place here his article as received.

"ON TITLES OF ARTICLES IN MEDICAL JOURNALS.

"A medical journal is a library on a small scale, and, like it, is usually a combination of a treasure-house and rubbish-heap.

"One object which the editor and the librarian should keep in view is the separation of the refuse from the jewels as far as possible, and for this purpose much depends upon the system of labels or titles. If it were fully appreciated how much of the practical value of journal articles, and the probability that the latter will be referred to by those seeking information, depends upon the title, it seems to me that more care would be taken by both authors and editors to see that the subject of the paper is properly described by its heading.

"It is very seldom that the physician will find, in examining the last number of his medical journal, any article that bears directly upon his work then on hand. It may be months or years before he will need to refer to it, and the possibility of his doing so will depend much on the index, which last depends upon the titles.

"For about ninety per cent. of journal and transaction articles the title is the most important part, as showing what one should avoid reading; and if a good descriptive title cannot be made, there is reason for suspecting that the paper is not worth printing.

"What information is given by such titles as the following: 'A Remarkable Case,' 'Singular Malformation,' 'Paralysis from Injury,' 'The Fever of 1852,' 'The Case of Mary Dobbs,' 'The Trial of Dr. Jones,' etc.?

"How much reference will probably be made to papers headed 'Pathological Observations,' 'Therapeutical Memoranda,' 'Notes of a Practitioner,' etc.?

"Again, titles are often incorrect. 'A Case of Gastrotomy,' for instance, may be a case of Cæsarean section, colotomy, laparotomy, or true gastrotomy.

"For the sake of bibliographers, librarians, and the writers and teachers of the future, I would request that each contributor to the great storehouse of medical literature shall label his packages properly and distinctly."

UNIVERSITY OF MICHIGAN.

THE Legislature of Michigan has just passed the following bill:

"SECTION I.—The people of the State of Michigan enact: The Board of Regents of the University of Michigan are hereby authorized to establish a homœopathic medical college as a branch or department of said University, which shall be located at Ann Arbor.

"SECTION II.—The Treasurer of the State of Michigan shall on the first day of January, 1876, pay out of the general fund, to the order of the Treasurer of the Board of Regents, the sum of six thousand dollars, and the same amount on the first day of January of each year thereafter, which moneys shall be used by said regents exclusively for the benefit of said department."

If the Regents had some time since requested of the Legislature sufficient money to put the medical department upon the same basis as Harvard, would not their request have been granted?

CORRESPONDENCE.

NEW YORK, May 14, 1875.

THE venerable Alonzo Clark still continues his weekly clinics at the College of Physicians and Surgeons. These are maintained with great regularity throughout the year, with the exception of a couple of months or so in the summer, and always attract quite a large number of students.

What strikes a casual visitor most at first is the imperturbable gravity of the old Professor. This characteristic was well shown, for instance, at the clinic on Thursday, when a lad presented himself complaining of a pain in his stomach, which he afterwards, however, concluded was in his chest.

The boy was not sufficiently intelligent to give a satisfactory account of himself, and, after he had been put through a course of cross-questioning, in which his answers were contradictory enough to have driven a lawyer to distraction, but which never for a moment ruffled Dr. Clark's dignified serenity, a careful physical examination of the abdominal region was made. At its conclusion, the learned Professor announced, with the same air of importance as though he had discovered the presence of cancer of the pylorus or a perityphilitic abscess, that unless the patient was suffering from intestinal colic he was at a loss how to interpret his symptoms. During all this time not the faintest suspicion of a smile was ever discoverable upon his placid features.

There were no cases of special interest brought before the class on this occasion. The first after that just spoken of was one of dyspepsia, in an artisan, characterized by great pain and uneasiness, free eructations and occasional bilious vomiting after eating, and a constant bad taste in the mouth. As he complained of excessive palpitation during these attacks of pain, an examination of the heart was made, when it was found to be enlarged; the præcordial dulness extended laterally an inch farther than normal, and an aortic murmur was also detected. There was no history of rheumatism. The patient was put upon ten grains of pepsin by starch and five drops of the strong nitro-muriatic acid in as many tablespoonfuls of water, immediately after meals. No treatment was suggested for the cardiac trouble, except that he should observe great care in his habits of life.

The last case presented was one of spasmodic asthma. The patient was a cigar-maker by trade, and had suffered from this affection for eleven years. The attacks usually came on in the night, towards morning, and often lasted twenty-four hours. Their average frequency was about once a week. The last one had occurred early that morning, but had been less severe than usual. The urgent dyspnœa had now passed away, but the characteristic whistling, unaccompanied by mixed râles, could still be plainly heard all over the chest. In this case it was especially prominent in inspiration. Prof. Clark stated that asthma might be due either to emphysema of the lungs, or enlargement of the right side of the heart. When emphysema was present, it could usually be detected on percussion, in one or both subscapular regions. In this case there was no cardiac hypertrophy, and neither could emphysema be very clearly made out, though the vesicular resonance on the right side, behind, was rather greater than that on the left. No mention was made of spasmodic asthma as a purely neuropathic affection, without necessarily involving any appreciable lesion. He regarded the painful dyspnœa in asthma as due to two causes, congestion of the mucous membrane, and spasmodic contraction of the smaller bronchial tubes.

The treatment resolved itself into two parts, that of the paroxysm, and that of the halix. For the former he considered the inhalation of the smoke of stramonium-leaves, either in the form of cigarettes or by a pipe, the most efficient remedy. If a pipe was used, it was better for the patient to blow the smoke first into a hat, and then breathe it in, in order to avoid the swallowing of acrid oils. The inhalation of the fumes of nitre-paper, ether, and chloroform were also employed by some. Another class of agents afforded relief by producing nausea, and of these lobelia was most in repute. Dr. Clark did not allude at all to the use of nitrite of amyl in this affection. The only remedy for the halix to be considered, he said, was the iodide of potassium,

and this was an exceedingly uncertain one. When this failed absolutely, the only chance for a cure was in a change of locality; and it was a remarkable fact that there seemed to be some place or other where every asthmatic could be entirely free from his troublesome attacks. Colorado has some reputation in this respect just now; but, though it may suit some, there are vast numbers of others upon whom its climate would have no effect whatever. Salter had found that benefit was often derived from a residence in the smokiest part of smoky London; and, acting on this suggestion, Dr. Clark had sent some of his patients to Pittsburg. But he found it would not do: there was too much sulphur in the air there. He then related an instance of both the members of a business firm being affected with asthma. As their manufactory, however, was in Newburgh and their sales-rooms in New York, and as one gentleman never suffered from its attacks while in the former place, and the other in the latter, they were thus enabled to attend very satisfactorily to the management of their business. The only rule was for a patient to go from place to place until he found a locality where he was free from the disease.

At his clinic at Bellevue Hospital, on Saturday, April 24, Prof. Jacobi again brought before the class the case which was reported in our last letter as one of *scleroderma*, and said that after a more careful study of its history and clinical features he had arrived at the conclusion that it ought more correctly to be considered a case of true atrophy of the skin. The disease commenced about the chest, where there was still some discoloration in *plaques*, but new adipose tissue was forming there, and there was now decided improvement in this part. The treatment had consisted of cod-liver oil and Fowler's solution. He ascertained that the younger child was not suffering from the same affection, as stated by some of the family.

A great deal of talk, and not a little indignation, have been excited here by a recent action of the Board of Managers of the Presbyterian Hospital. At this institution the appointments of visiting physicians and surgeons are for one year; but it has always been understood that each of the staff would be annually re-elected during "good behavior." Now, however, the Board have suddenly dropped four of the physicians (one of whom at the time was prostrated by a dangerous attack of typhoid fever), and elected four others, generally acknowledged to be less competent for the position. Some feeling is expressed against the latter gentlemen for accepting the appointments under the circumstances. As is so often the case, the *deus ex machina* in this matter proves to be a woman. The only offence of the physicians removed, so far as we have been able to ascertain, is that they were not altogether acceptable to her serene highness the matron of the hospital, who, it seems, is permitted to ride rough-shod over both doctors and directors.

There appears to be something wrong about the management of the Presbyterian Hospital; for, with elegant and commodious new buildings, constructed on the best modern sanitary principles and in one of the finest situations in the whole city, the institution has never been a popular one. While it must have ample capacity for between one and two hundred patients, the average number, we have been told, is only *twenty-four*.

Some hospitals and asylums in the government of which the ladies have a controlling influence seem as bad as church choirs for "unpleasantnesses."

The annual report (just issued) of an institution in the administration of whose affairs there has never been any lack of harmony, and whose direction is mainly, as it ought to be, in the hands of medical men, now lies before us. It is that of the New York Free Dispensary for Sick Children, the only institution of its kind in the city, and which, though still in its infancy, is already acknowledged to be one of the important charities of the metropolis. It was started four years ago, by Dr. B. F. Dawson, who is still its President, and to whom its present usefulness and prosperity are almost entirely due. During the first year of its existence 1989 patients were treated at the Dispensary; during the second, 2672; during the third, 3323, and in the fourth, 4858. This continuous increase shows that the institution has ministered to a real need in the community, and that greater and greater demands have been made upon it as it has become more widely known. Its financial affairs have always been managed with ability and economy. When the dispensary was first proposed, $465 was collected among a few friends to start it with. Now the treasurer's report shows a balance of over $6000, notwithstanding the annual expenses have increased to nearly $2000. All the funds for its support with the exception of $300* have been contributed by the generosity of friends, and an annual ball at Delmonico's, which is looked forward to with delight by the fairest of the descendants of the Knickerbockers, is now one of its principal sources of revenue. No salaries are paid by the institution, not even a druggist's; the prescriptions being put up, at a reduced rate, by a reliable apothecary in the vicinity. It is proposed, as soon as practicable, to establish a hospital in connection with the dispensary, as there is now only one real child's hospital in the city,—St. Mary's,—an institution of the Episcopal Church, whose capacity is but twenty-six beds.

A short time ago, a certain Dr. Lambert read a paper before the Liberal Club on the "Special Articles of Food adapted to the Nutrition of the Brain, and the Methods of Cooking them." Preparatory to this he invited some of his friends to a banquet, which is thus taken off by one of the daily papers: "Last evening a party of gentlemen ate a 'brainial' dinner at Jones' restaurant, in Broadway, their host being Dr. T. S. Lambert. Mr. James Parton and about twenty others more or less well known sat around the board and nourished their brains to a somewhat alarming extent. The waiters grinned from ear to ear when they served the food, for not one of them had ever dreamed of a din-

* Appropriated by the Legislature.

ner beginning with toasted crackers and cheese and ending with boiled custard and buttermilk. The 'brainial' qualities of toasted cheese have long been known to scientific men, and nearly all the members of the Liberal Club are passionately fond of boiled custard, which, as is well known, contains over ninety per cent. of phosphorus, and will readily burn if rum be poured over it. Dr. Lambert lectures to-night on 'Brain-Building,' and it was to raise the intellects of his audience to a high place that he gave this exhibition of encephalotropophagy, or brainial food. Such a dinner will do occasionally, but is dangerous if too often indulged in. The human brain is about eighty per cent. water, and if it be stuffed with the sublimations of cheese, oysters, codfish, tripe, calves' brains, oat groats, and boiled custard, it becomes a powerful battery, a perilous magazine, liable at any moment to explode, to the great detriment of its owner and the surprise of bystanders. By the time the sixth course, which consisted of stewed tripe and green peas, was reached, the excitement became fearfully intense, and with the calves' brains the feast became almost an orgie. The forehead of the Pantarch grew four inches higher with the great pressure from within upon the convolutions, but happily the ganglion where oatmeal becomes universology was not affected in any marked degree. The parietal bones of a great Comptist separated, and the coronal suture widened quite perceptibly. Around the brow of a mighty Spiritualist there was a marked nimbus, where the escaping phosphorus ignited upon coming in contact with the oxygen of the air. It was singular in the extreme to watch the oatmeal rising to the brain; to see the subtle poison of the boiled custard turn a man into a demon of ratiocination; and as the fiery buttermilk mounted to the intellect and hurled the reason reeling from its throne, the beholder was fain to acknowledge that the gods are just, and of our pleasant vices make instruments to plague us."

Two suits for alleged malpractice have just been decided in a way that shows a very fair amount of discernment on the part of the juries, as juries go. The first has been argued for several days past in the Supreme Court, before Judge Van Brunt, and was that of Edward P. Doyle against the New York Eye and Ear Infirmary and Dr. Richard Derby, one of our well-known ophthalmic surgeons, for $100,000 damages for the loss of his eyesight. The patient was suffering from purulent ophthalmia, and left the institution while still under treatment, and before sight was destroyed. The jury were out but ten minutes, and rendered a verdict for the defendants. The other suit was brought against Augustus McCollom, a person who has been practising dentistry without any diploma. It appears from the evidence that the plaintiff, while having some teeth filled by him, received considerable injury by his unskilfulness. Alveolar abscess ensued, and this resulted in tetanus, which nearly proved fatal. In this case, also, the jury was absent only about ten minutes, and then returned a verdict for the plaintiff; damages, $435.

PERTINAX.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MARCH 11, 1875.

THE PRESIDENT, DR. WM. PEPPER, in the chair.

Lungs from a case of empyema.

DR. F. P. HENRY presented the specimens, and read the following history:

"Virginia S., æt. 24, was admitted to the Episcopal Hospital on September 27, 1874. Her illness, which has lasted about a year, began with a chill, followed by pain in the left side, cough, and swelling of feet and legs. She suffered from *chills and fever* during the entire summer.

"On admission, she presented the following symptoms and signs: Decided emaciation, dull expression of countenance, pallor, and profuse perspiration night and day. Sputa copious, tenacious and yellowish, and emit a faint, disagreeable, sickening odor. Flatness over the entire left thorax up to the supra-scapular region, and to a corresponding line in front; above that point, dulness. Respiratory sounds absent in the region of flatness. In the region of dulness there is a high-pitched, almost musical sound, attending expiration; this sound is prolonged, and is heard much less distinctly in front. The inspiratory sound in the region of dulness is bronchial. At the right apex there is a blowing expiratory sound, and dulness on percussion. Below, the resonance and respiration are normal.

"The heart's apex-beat is under the right nipple.

"The decubitus is constantly upon the left side; any attempt to lie upon the right side invariably brings on an attack of coughing, which does not cease until the original position is resumed.

"There is too great an amount of œdema upon the left side to make it possible to decide whether there is any bulging of the intercostal spaces. In the early part of October, measurement showed the left semi-circumference of the thorax to be an inch greater than the right.

"The treatment of the case was at first purely medical, and consisted of measures to promote absorption of the effused fluid, the nature of which at that time could not be determined with certainty.

"On November 13, the fluid having in the mean time increased in quantity, I requested the attending surgeon, Dr. Packard, to perform paracentesis. This was done at the eighth interspace, and three-fourths of a pint of pus was withdrawn by means of the aspirator. I was surprised at the result, as it was evident there was a much greater amount of fluid in the pleural sac. The position of the heart remained the same, and no expansion of the lung could be detected. Nevertheless, there was a decided improvement in the general condition of the patient after the operation, and her respiration was free. This improvement was of not more than a week's duration.

"On December 19 I tapped in the seventh interspace, and removed four pints of pus with the aspirator. The improvement was this time somewhat more permanent, but about January 1 the unfavorable symptoms began to return. The dyspnœa became more urgent, the cough more troublesome, and the sweating more profuse, in spite of large doses of belladonna, which had previously held it in check. At this date the patient was taking thirty ounces of milk-punch (one-third whisky) and sixteen grains of quinia in the twenty-four hours.

"January 3, 1875, morning.—Temperature, 98½°; pulse, 100; respiration, 28.

"Evening.—Temperature, 99°; pulse, 98; respiration, 26.

"January 4, morning.—Temperature, 101½°; pulse, 108; respiration, 40.

"This sudden increase in pulse, respiration, and temperature may be attributed to agitation of mind at the prospect of another operation. On this day Dr. Ashhurst, the attending surgeon, tapped in the eighth interspace, removed five quarts of thick, greenish-yellow pus through a trocar, and introduced an india-rubber drainage-tube.

"Evening.—Temperature, 100¾°; pulse, 116; respiration, 44. Since the operation about a pint and a half of pus has drained away. The air which passes in and out of the pleural sac, with a loud rattling noise, at each respiration, renders it impossible to determine whether the lung has expanded to any extent.

"January 5.—Feels better. A.M., pulse, 94; temperature, 98°; respiration, 27. P.M., has some nausea, and diarrhœa. Pus continues to drain away at about the rate of a pint in twenty-four hours.

"Pulse, 120; temperature, 102½°; respiration, 38.

"January 6.—Passed a restless night, and is very weak. Milk-punch disagreeing, plain milk and brandy and egg are substituted. Pleural cavity was washed out, first with tepid water, afterwards with a dilute solution of liq. iodin. comp. (℥i to Oiss), and, lastly, with tepid water. Pulse, 104; temperature, 101°; respiration, 48. About 3 P.M. there was vomiting of a greenish fluid, and soon after the patient passed into a state of collapse, and died about 4 o'clock.

"The *autopsy* was made twenty hours after death, by the resident physician, Dr. Merrill.

"Liver somewhat enlarged, and fatty. Intestines, mesenteric glands, kidneys, and spleen normal. The heart was pushed far over to the right side, where it had contracted adhesions. Some recent lymph was observed upon the visceral layer of the right pleura, and some fluid in the corresponding cavity. A few caseous nodules at the right apex.

"The left lung was compressed into a firm oblong mass, not much larger than the fist, and lay in the upper and back part of the cavity, being closely bound down to the vertebræ. The pleura was greatly thickened, and the lung was covered with a layer of inspissated pus.

"There are two depressions in the lung-tissue which at first sight might be regarded as communications between the pleural sac and the bronchi, but water could not be forced through them by injection from the left bronchus. They appear to be abortive attempts at perforation of the lung. There are two firm and large circular bands of adhesion between the two pleural layers."

Dr. JOHN GUITÉRAS asked whether there were any physical signs in this case to indicate the falling of the lung back against the spinal column.

Dr. HENRY replied that vocal resonance was not increased, but there was blowing breathing above the spinous process of the scapula.

Dr. GUITÉRAS said he asked the question because a man had recently died at the Philadelphia Hospital who was thought to have pneumonia because there was posteriorly such very distinct bronchial breathing, vocal resonance, and vocal fremitus. After death he was found to have pleurisy, and the lung was closely pressed against the vertebræ. It is true the examination was somewhat careless, being only posterior, because the sounds there heard were thought to be so characteristic; but the mistake was complete.

Dr. ALLEN asked what was the duration of the case.

Dr. GUITÉRAS replied that the man came into the drunkards' ward, and died in a few days after admission.

Dr. ALLEN asked whether the fluid was purulent.

Dr. GUITÉRAS said it was not.

Ovarian tumor.

Dr. HENRY also presented a specimen of ovarian tumor, removed post mortem, but, he thought, none the less interesting pathologically on that account. The patient from whom it was obtained was admitted to the Episcopal Hospital on February 2. Her abdomen was enormously distended. She had been tapped about two weeks before admission, for the eighteenth or nineteenth time, when, according to her statement, four pailfuls of fluid were removed. Fluctuation was easily obtained all over the abdomen, which was evenly distended.

She first noticed a swelling in the hypogastric region at the time of the menopause, about three years ago. She was tapped February 18, and two and a half bucketfuls of a fluid of the consistence and color of syrup of acacia were removed. Before the tapping the circumference of the abdomen was sixty-one inches. After a quantity of the fluid had drained away, a large tumor was felt in the right side of the abdomen, extending from the ribs to the iliac region. Her attention was called to it, and she then said that she had discovered it some months before, after one of her numerous tappings, and had called the attention of her physician to it, whereupon he pronounced it to be the liver.

The tapping only reduced the woman's girth six inches, but was followed by great relief.

Having decided the case to be one of ovarian tumor, which opinion was confirmed by the attending surgeon, Dr. Forbes, arrangements were made to have the woman transferred to the surgical side of the house. On February 25 she was informed of the proposed change, at which she was greatly agitated, and declared that she could never survive an operation. At this time she was in her usual state of health, but she grew worse towards the afternoon, and died the next morning about ten minutes before my visit to the hospital. Dr. Merrill, the resident physician, said there was some dyspnœa preceding death.

At the post-mortem examination it was only possible to examine the abdomen, and that only because it was impossible to get the body in the coffin without reducing its size. The large cyst was adherent to the anterior wall of the abdomen. There was some recent lymph upon the intestines, and the tumor felt during life was found free on the right side. The heart was not examined, and so the cause of death cannot be pronounced upon with certainty. My opinion is that it may have been from heart-clot of gradual formation. The heart-sounds were feeble, but there was no valvular murmur, and the urine did not contain albumen.

Rupture of the aorta.

Dr. W. G. PORTER presented the specimen, and read the following history:

"On the 11th of March I was requested to make a post-mortem examination of the body of a colored man, about 40 years of age, who had suddenly died while at work two days before. He was an unusually strong and well-developed man, who had followed the sea until about eight years ago, when, while in the harbor of Galveston, Texas, he was severely injured by a fall from the mast-head to the deck. He was laid up in the hospital at that place for several weeks, but the nature of his injuries it was impossible to ascertain at the time of the post-mortem. After the accident he had been working in this city, most of the time being employed as a 'longshoreman; for the last few weeks, however, he had been driving a dray. On Thursday evening last he visited a neighboring drug-store, complaining of a stitch in the right side, for which he procured a warming-plaster. On Friday he worked as usual; on Saturday, while at work, he suddenly went and sat down on

a box, his head fell forward on his breast, and before anything could be done for him he was dead.

Post-mortem examination.—The body was that of an unusually muscular man. On opening the pericardium it was found that it was filled with clotted and fluid blood, and on careful examination an extremely minute opening in the aorta was found on the anterior surface of that vessel immediately above the base of the heart. No atheromatous deposits were found in the aorta, and the other organs were all healthy, with the exception of a slight pleurisy on the right side.

Dr. GUITÉRAS asked whether there was any history of syphilis or rheumatism.

Dr. PORTER replied that he had never attended the man previously, and knew nothing about him, but that he had attended his children for some time, and had not met with any symptoms of syphilis in them.

Dr. GUITÉRAS said that there had evidently been some chronic disease going on here. The aorta is very much thickened, and the heart is probably fatty. There had been a thinning out of the walls at the point of ulceration until the adventitia had bulged out and finally ruptured. This process was also indicated by the ragged edges of the inner opening. This case he thought corroborated the opinion he had expressed with regard to a similar case which he had presented two weeks ago, in which rupture of the heart was suspected to have occurred, but where he thought there was really a rupture of the aorta, the heart having been accidentally wounded during the autopsy.

The specimen was referred to the Committee on Morbid Growths, which reported, March 25, 1875, as follows:

"The atheromatous process in the aorta, presented by Dr. Porter, has ulcerated through the inner and middle coats of the vessel, immediately behind the point of insertion of one of the semilunar leaflets, and there formed a small aneurismal pouch in the adventitia which extends like a diverticulum into the pericardial cavity. The walls of this aneurism are unusually thin, and microscopically nothing but connective-tissue fibres were detected. Upon opening the sac, a small clot was found in its interior. The hemorrhagic effusion found in the pericardium no doubt ensued through the rupture of this small aneurism."

SELECTIONS.

UNILATERAL SWEATING.—Experimental pathology has long pointed to an affection of the sympathetic system as the probable cause of unilateral sweating, since Bernard found that when the sympathetic was divided on one side in horses, there was sweating, as well as dilatation of the blood-vessels, on the affected half of the body. The supposition has lately been confirmed by the post-mortem examination in a case of this affection which is briefly related by Ebstein in the current number of *Virchow's Archiv*. The subject was an anæmic man sixty years of age, and the unilateral sweating affected the left side of the head and trunk and the left arm. The affected parts were not reddened, nor was there any alteration in the pupil. At first the sweating only attended some severe anginal seizures, but afterwards it occurred on any considerable exertion, even in walking up and down a room. Examination of the sympathetic ganglia, hardened in Müller's fluid and alcohol, showed that those of the left side, especially the lower cervical ganglion, presented brown dots and lines visible to the naked eye, and consisting of cavities filled with blood-corpuscles and lined by a distinct endothelium. The walls were thick, and contained many spindle-shaped nuclei. The vessels were dilated, sometimes varicose. The ganglion-cells were pigmented; on some the nucleus was quite concealed by dark-colored granules. On the right side the nerve-cells presented a similar appearance, but there were none of the cavities, and the vessels were much less dilated.

Ebstein believes that transient interference with the function of the ganglion-cells may have resulted from occasional temporary over-distention of the dilated vessels with blood, consequent on hindrances to the escape of the venous blood. To such transient paralysis of the ganglion-cells he ascribes the hemidrosis. Analogous changes in the ganglia have been found by Lubinoff in several instances of various disorders, as puerperal fever, etc., but they were much slighter than in the case detailed by Ebstein.—*London Lancet.*

ACUTE MYELITIS.—Dr. Guerin-Roze (*La France Méd.*) mentioned a case of this disease at the Société Méd. des Hôpitaux, of which the following are the particulars: A man aged 46 came into the Beaujon Hospital on July 31, 1874. This man suddenly, without warning, had the evening before felt his legs give way under him, and fell down. At the morning visit paralysis of the lower limbs was observed, but he could move his legs. The arms were intact, and sensibility was normal.

The night of the 31st July was passed by the patient without sleep; the arms were affected, and at the morning visit there was paralysis of the muscles, with slight febrile condition. Pulse 88; temperature 37.5°. Dr. Guerin-Roze diagnosed acute generalized myelitis—cause unknown. However, it seemed that the patient had complained some time before of headache, like strokes of a hammer, and three months previously such an attack had got well by means of a purge; another attack was treated unsuccessfully. There was also retention of urine, which was acid, without odor, and sensation was intact.

On the 2d August and following days the pulse was quicker, palsy persisted, but the intellect was clear; some moist râles were heard in the chest. On the 8th there were symptoms of asphyxia, with cadaveric rigidity, and the patient succumbed on the 18th, after twelve days' illness. At the post-mortem examination congestion of the brain was noted; the sinuses, filled with blood, presented a sand-like aspect; in the spinal cavity there were seven chalky and irregular plates, three in front and four behind; there was a dirty serosity, with softening of the anterior segment of the dorsal region and of the inferior segment of the lumbar region.—*Medical Press and Circular.*

CIRCUMCISION.—Dr. De Saint-Germain (*La France Méd.*, April 10, 1875) recently delivered a clinical lecture at the Hôpital des Enfants Malades on Circumcision. The lecturer said that dorsal incision of the prepuce could not be considered as a true circumcision. The discovery of the operation is very ancient, and 1900 years before our epoch we find Abraham practising it. It had from the commencement all the characters of a religious rite, and not of mere hygienic precaution. Herodotus says the Jews borrowed it from the Egyptians; but this is not clear. In general, infants have a long prepuce, and the skin and the mucous membrane are prolonged beyond the gland, forming a sort of little cylinder more or less wrinkled and irregular. This is the ordinary character, and when it disappears the author thought that masturbation existed. Under the influence of this fatal habit the glans is frequently uncovered and exposed to the air and the friction of the clothes; it becomes wrinkled, and the prepuce covers it more exactly. Marjolin attached great importance to this symptom.

The indications for the operation are very numerous.

First, we have imperforation of the prepuce, which is a rather frequent malformation; in two or three days the newly-born infant has not passed urine. There is developed at the extremity of the penis a tumor of some size, tense, fluctuating, a true urinary cyst, and we must hasten to incise the prepuce or to practise circumcision to give passage to the urine.

Circumcision may be of some utility as a preventive means or a curative method in masturbation. In this point of view it is of no use after the age of ten; but at the age of five or six we may obtain a cure. As a general rule, masturbation is a moral disease, against which we must most generally employ moral treatment.

Phimosis is a serious obstacle to fecundation. Hutchinson has much insisted on the remarkable immunity from syphilis or soft chancre found among Jews. Perhaps he is right, for the gland, when constantly uncovered, is flattened, retracted, and indurated, and is no longer covered by mucous membrane, but by a kind of skin.

M. Tarnot, in 1865, published a very interesting study on the practice of circumcision in Algeria among the Jews and Arabs. It is practised among the former eight days after birth.

The Arabs look on circumcision only as a hygienic practice, and await the age of twelve or thirteen before employing it. The operator ties a ligature on the prepuce in front of the gland, and cuts off the part of the prepuce beyond it with a razor.

We may add that MM. Gillet and Grandmont are much in favor of the application of the galvanic cautery to the operation of phimosis.—*Medical Press and Circular.*

Cæsarean Section for Contracted Pelvis (Dr. E. Martin).—The labor began at 3 P.M. At 10 P.M., the pains being good, with the anterior lip swollen, and the fœtal heart-sounds being still distinct, Cæsarean section was performed. An incision 11 or 12 centimetres (about 4.7 or 4.8 inches) long was made in the linea alba, extending to the left of the navel for about 0.8 inch above it. Hemorrhage was slight, but became profuse on the uterine incision striking the margin of the placenta. An incision about 11 centimetres (4.6 inches) long was made in the uterine walls, purposely more towards the fundus than the cervix. The child was extracted breech foremost, in order to prevent any laceration of the uterus towards the cervix; a small rent did take place at the fundal end of the incision. The fœtus was removed without any difficulty. The child weighed 3180 grammes (7 lbs.), and measured 49 centimetres (about 19½ inches). After rapid removal of the placenta, the hemorrhage from the uterine wound, which was rather profuse, was easily stopped by means of fourteen catgut sutures. The abdominal cavity was most carefully cleaned out with prepared sponges. The abdominal walls were closed with iron-wire sutures, which were passed through the peritoneum; short strips of adhesive plaster were applied between them. A compress soaked in a solution of carbolic acid (1 per cent.) was laid on the wound, and over this cold water, but later on ice-cold applications. The progress of the puerperium was not a particularly disturbed one. The sutures were in part removed on the twelfth and in part on the fourteenth day. She got up on the seventeenth day and left the hospital on the twentieth; when seen three weeks afterwards, she was perfectly well.—*London Medical Record;* from *Berlin. Klin. Woch.*, No. 51, 1875.

Will and Charteris on Chloral as an Antidote to Strychnia.—The *British Medical Journal* for January 23 contained a report by Dr. Hughes Bennett, on behalf of the committee appointed by the British Medical Association to investigate the antagonism of medicines, in which it was shown that in the lower animals chloral acts as an antidote to poisonous doses of strychnia. Dr. Ogilvie Will, of Aberdeen, records, in the *Edinburgh Medical Journal* for April, an opportunity which he lately had of demonstrating that this fact is true also of the human subject.

A druggist's apprentice, aged eighteen, swallowed, with suicidal intent, a quantity of pure strychnia. The lad thought he had taken five or six grains,—"certainly not less than four,"—but the exact amount could not be ascertained, as he had emptied it out of a bottle at haphazard; but from the rapidity with which the symptoms appeared—only a few minutes after swallowing the poison—and from their severity, it was evident that the dose must have been a large one.

Medical assistance was quickly obtained; and when Dr. Will saw the patient, an emetic had been given and other attempts made to induce vomiting, but without success; violent attacks of convulsions had already commenced, recurring at intervals of about five minutes; often several fits would occur in succession with only a minute or two between each. Dr. Will at once sent for some chloral; but whilst this was being procured the fits rapidly increased in severity and in duration, and when it arrived the patient appeared actually moribund,—as if he could not live many minutes. Thirty grains of chloral were at once administered by the mouth, and "in a very few minutes the good effects began to manifest themselves; the intervals between the spasms became longer, and the spasms themselves lessened in severity." Another thirty grains were then injected under the skin, and almost immediately afterwards a further change for the better was observed. Later in the afternoon, however,—the poison having been taken a little before 2 P.M.,—the fits again began to increase gradually in frequency and intensity; accordingly, at 5 P.M. thirty grains of chloral were again given by the mouth, and at 6.30 fifteen grains were injected hypodermically. After this the fits subsided; occasional twitchings continued for a few hours; these ceased during the night, and next day the patient was convalescent.

Dr. Charteris, of Glasgow, reports a very similar case in the *Lancet* for April 10. In this instance the patient, a very strong, healthy man, aged thirty-nine, deliberately swallowed the contents of two sixpenny packets of "Gibson's Vermin-Killer" mixed with whisky and ginger-beer, each packet containing fully two grains of strychnia. The poison was taken at about 11.30 A.M., soon after a very substantial meal of ham and eggs, etc., and the symptoms came on very slowly and gradually. It was not till 3.30 P.M. that he was brought to the Royal Infirmary; violent attacks of convulsions were then occurring about every ten minutes. The stomach-pump was used, but the fits continued to increase in severity and frequency until 4.50, when ten grains of choral were given, and the dose was cautiously repeated at intervals of about twenty minutes. There was little change until forty grains had been given, but then the improvement was rapid and marked; the spasms subsided into mere muscular twitches, and the patient became calmer. The chloral was now given at gradually longer intervals; about 3 A.M. the spasms ceased altogether, and the patient complained only of aching and soreness in the muscles. He recovered completely in three or four days.—J. W. Langmore, M.D., in the *London Medical Record.*

Sanguinaria (*American Journal of Pharmacy*, May, 1875).—Mr. Lewis C. Hopp has found that the supposed alkaloid puccina is nothing more than sanguinarina with some resin and coloring-matter persistently adhering to it, and that sanguinarinic acid is a mixture of citric and malic acids.

GLEANINGS FROM OUR EXCHANGES.

ADDISON'S DISEASE (*The Lancet*, April 17, 1875).—Dr. E. Headlam Greenhow believes that the following deductions may be safely drawn from the data which we possess, although they are undoubtedly imperfect.

The occurrence of Addison's disease takes place almost exclusively among persons employed in active manual labor.

The mortality caused by it is pretty equally distributed over the laborious period of life, and to that period it is almost entirely confined.

The disease is comparatively much more frequent among persons of the male sex, whose employments naturally comprise the heaviest kinds of labor.

And, lastly, a preponderating number of the cases which occur in persons of the male sex are found among those classes of laborers whose occupations are likely to expose them to injury from accident or over-exertion.

The facts thus brought out cannot fail to suggest obvious inferences as to the probability that in many of these cases more or less temporary causes of local inflammation may have existed; and Dr. Greenhow is inclined to believe the origin of Addison's disease in many unexplained cases to be due to traumatic causes, although probably favored in its development by certain constitutional proclivities.

The diagnosis is founded upon the constitutional symptoms, aided, in a large majority of cases, by the presence of more or less of the peculiar change of color in the skin. It is not always unattended with difficulty, but to those who have any practical acquaintance with the disease it is not more doubtful than the diagnosis of many other chronic diseases. The prognosis is invariably grave as regards the ultimate result, though it is impossible to say to what extent life may be prolonged under favorable circumstances. Rest and scrupulous avoidance of bodily and mental excitement, or any other causes of nervous exhaustion, form the essential parts of the therapeutic management of all such cases; whilst the diet and medical treatment must be carefully adapted to the inevitably varying phases of the disease.

BALSAM COPAIBÆ (*The Practitioner*, April, 1875).—Mr. A. R. Hall briefly records some cases in which he has found the use of copaiba to be productive of great benefit. In a case of ophthalmia occurring in a syphilitic patient and in which the whole anterior chamber was filled with pus, two drachms of copaiba were given in mucilage three times daily, with the result of destroying the pain, causing the absorption of the pus, and ultimately curing the patient. Mr. Hall gives it in all cases of iritis and sclerotitis in large doses, and asserts that it speedily causes the pain and inflammation to disappear. In thirty cases of purulent ophthalmia occurring in children he simply painted the lower eyelids, upper part of the cheeks, and temples with the pure balsam, and they all got well quickly without any damage to the eyes. In threatened mammary abscess, dysentery, chronic rheumatism, and even in indolent leg-ulcers, he has found great benefit to follow its administration.

INJURIES TO THE HEAD (*Medical Times and Gazette*, February 27, 1875).—Mr. Jonathan Hutchinson points out that the danger of laceration of the scalp, especially if it be accompanied by detachment of the pericranium, consists in the occurrence of suppuration between the bone and the internal periosteum, to be followed in its turn by inflammation of the arachnoid membrane; and secondly in the choking of the gangrenous veins of the diploe of the dying fragment with coagula and the products of inflammation, which may extend to the sinuses and cause pyæmia. Some of the most typical cases of pyæmia are induced by the death of a very small area of bone. In cases in which the propriety of primary trephining is debated, the surgeon may put wholly aside any fears as to increased risk of pyæmia after that procedure, and may adopt it or not, as the other circumstances of the case may indicate.

TRAUMATIC POPLITEAL ARTERIO-VENOUS ANEURISM—LIGATURE OF THE ARTERY AND VEIN—RECOVERY (*The Lancet*, April 24, 1875).—Mr. Thomas Annandale reports the case of a boy, æt. 10, who received a wound in the popliteal space, which resulted in an irregular pulsatile swelling, the size of an infant's head, and which was diagnosed as an aneurism of the popliteal artery. It was decided to treat it by laying open the sac and tying the artery above and below the wound. A tourniquet was applied to the femoral, and a limited opening was made into the sac to admit of the separation with the finger of any adherent clots. The sac was then opened freely by a wound about five inches in length, and all the blood and clot in it sponged out. There was not very much clot, the contents consisting principally of fluid arterial blood. By this proceeding two openings were clearly exposed at the bottom of the sac. These openings were parallel to each other at a distance of about an eighth of an inch in the longitudinal direction of the limb. They were both about a quarter of an inch in length, and had the appearance of slits with little gaping of the edges. A probe passed into each opening determined the fact that one communicated with the canal of the popliteal artery, and the other with that of the popliteal vein. The canals of both vessels were pervious as far as the probe would pass above and below the wounds. The sac of the aneurism was well formed, circumscribed, and white and smooth on its inner surface. The popliteal artery, being carefully cleared by dissection for a short distance, was ligatured above and below the wound with prepared catgut; and the popliteal vein, being cleared in the same way, was also ligatured above and below the wound with the same material. The tourniquet and elastic ligature were now removed, and a small artery and vein which bled, in the region of the wounded vessel, were tied also with catgut. A drainage-tube was then introduced into the cavity, and antiseptic muslin was applied in the usual way, after the edges of the wound had been stitched together. The whole operation was performed under the antiseptic spray.

The case resulted in a perfect cure, without any complication.

Mr. Annandale considers that this case has practically demonstrated that both artery and vein may be successfully ligatured, and he confidently recommends the adoption of this plan of operation, which has never before been practised in this class of cases.

The advantages of this plan are, in his opinion, (1) certain closure of the openings of communication in both artery and vein; (2) absence of any risk from venous hemorrhage or absorption in connection with the wounded vein; (3) its practicability in the large majority of cases; (4) its easy performance without much dissection.

A NEW METHOD OF ARRESTING HEMORRHAGE (*The Medical Record*, May 1, 1875).—In a recent clinical lecture, Dr. Weber, after considering the general anatomy of the arterial system, the mechanism of the spontaneous closure of divided vessels, and some of the more evident objections to the employment of ligatures, torsion, acupuncture, etc., continued as follows:

We should have a process of treating the divided

vessel which would simply assist nature, not supplant her, by mechanically-acting principles. The failure of nature to arrest hemorrhage spontaneously in larger-sized arteries is unquestionably due to the fact that they do not possess, for cogent physical reasons, sufficient muscular and circularly-arranged fibres to bring about the contraction and diminution of the short axis of the vessel, and to effect longitudinal pleating, which we believe important both for the evolution of the fibrino-plastic agency and the security of the clot when formed. It does not seem probable that, other things being equal, the greater force of the blood, on account of the larger size of its column, should be the only reason why the spontaneous arrest cannot take place in a larger vessel.

We know that the muscular tissue of the middle coat, the chief contractile material, is not commensurate with the size of the vessel; that, in fact, as remarked before, it positively diminishes with the size of the vessel. There must be a reason for this; it cannot be accidental. It must find its explanation in the physical necessities of the circulation of the blood in large vessels.

Now, if this be correct, and if the want of sufficient contractile force is the cause of the non-arrest of bleeding, can we not rectify matters by simply doubling or trebling the amount of the circularly-acting tissue, by turning the end of the vessel inside out, as we would turn up the cuff of a sleeve? By so doing we would obtain double or treble the amount of contractile force, and also furnish an equivalent for retraction.

Carrying out this notion, Dr. Weber obtained an instrument by which he could fix the vessel at the time of turning over its coats, and which he describes as the *fixateur à gaine* of M. Luër of Paris. He made a number of experiments on dogs, with satisfactory results, and found that he could prevent the vessel from becoming straight again after the reflection had been made, by simply notching its extremity at each end of a transverse diameter. The notch was made through the two walls,—the main wall and the reflected,—and, commencing at the point of reflection, extended about two lines in a longitudinal direction.

Owing to the contraction of the circular fibres after division, a wedge-shaped gap was formed at each notch, so that the circumference of the vessel at the edge of reflection was increased. This caused the reflected piece to appear to surround the end of the vessel more closely,—in fact, to constrict it.

If this does not prove sufficient to retain the reflection *in situ*, he introduces immediately behind the point of reflection a little delicate peg, made of the end of a No. 12 English sewing-needle; and should this fail to arrest the bleeding instantaneously, he applies digital compression for a short time to the end of the artery. He has now tried this plan on the anterior and posterior tibial, the brachial and the femoral arteries, and with complete success. He has found that very small arteries can be everted as easily and promptly as larger ones; and believes that the method is justifiable and practicable in a large number of surgical operations.

Chloride of Zinc (*Medical Press and Circular*, April 7, 1875).—Mr. Lister has found chloride of zinc to have the remarkable property, among all antiseptics that he has tried, that a single application of it to a recent wound in a solution of the strength of 40 grains to the ounce of water, although it produces no visible slough, yet prevents the occurrence of putrefaction on the cut surfaces for days together, in spite of the action of the septic material; and if the discharges have opportunity to flow freely away, as after the removal of a tumor of one of the jaws or a portion of the tongue, there may be absolutely no odor from first to last, the divided textures being thus guarded from the bad effects of the putrefaction during the dangerous period before they have been covered by the protecting layer of granulations.

MISCELLANY.

Dress as a Cause of Pelvic Deformity.—When the body is erect, says Dr. Aveling, in a discussion of this subject in the *Obstetrical Journal* for January, the influence of dress is of sufficient importance to demand careful attention. Attitude depends upon clothing more than is generally supposed. The stooping position, which has been referred to as injurious, is often produced by the peculiar feminine vestmental arrangements at present in fashion. The greater part of the burden of a woman's clothing hangs from the posterior part of her body. All the folds of her skirts are carefully disposed behind, and the swaying influence of their weight here is much increased by the leverage power granted them by the numerous ingenious devices adopted for insuring their projection backwards from the body. As the balance can only be maintained by inclining the body in the opposite direction to that in which it is drawn, it must necessarily be bent forward to counterpoise this retroverting influence. High heels also throw the body out of its proper balance, producing stooping, relaxation of the abdominal walls, and debased pelvic inclination. But dress, in its strictest sense, has still another potent way of causing mischief,—namely, by its weight when suspended from the waist; a weight not inconsiderable in itself, but rendered of much consequence by its persistent action. The bands, from which the garments that women wear hang, are chiefly supported by the abdominal walls and the viscera beneath them. Ultimately, therefore, they must compress the pelvic organs and cause their downward displacement. As a rule, all vestments should be carried by the shoulders. Long robes falling from them and girded at the waist are the least harmful, if not the most beautiful garments a woman can wear. If, however, it be absolutely necessary that her dress should be divided into two portions at the waist, let her by all means adopt some method of suspending the lower half from the shoulders. Braces of a very simple and inexpensive kind, having safety-hooks, which may be passed through the bands of the skirts, are now easily obtainable, and their general adoption is much to be desired. The position of the waistband must also be considered, for whether it should be high or low is a point of much importance. The fashion of short-waisted dresses is far more healthy. Long waists involve abdominal compression by stays, and that closer contact of bands with the walls of the abdomen which enables the downward dragging weight of skirts to exercise its influence most injuriously. The natural position of a woman's waist is neither high nor low, but in that part of her body which happens to be the smallest in circumference. If fashion would only allow this to be the proper place for the waistband, we should not, as now, have the constriction of stays and the

gravitation of garments conspiring in the production of prolapse and its concomitant disorders.—*London Medical Record.*

VARIETY OF TINTS.—As an illustration of the limitless number of combinations which the three primary colors are capable of, it may be interesting to know that in the Gobelin tapestry manufacture twenty-eight thousand distinct shadings of yarn are employed, each one distinguishable by the practised eye.—*Journal of Applied Science.*

SLATE FOR ENGRAVERS.—As a matter of interest to any desiring illustrations, the discovery is worth noting that plates of polished slate may be used as substitutes for boxwood in engraving. It is stated that such engraved plates will furnish 100,000 impressions without loss of detail, and are not affected by oil or water. One drawback which they possess is that they are readily scratched, an objection from which wood is almost free.

STRATEGY VERSUS STRENGTH.—According to the *Cincinnati Medical News*, a Spanish physician, J. Fuentes, resorted to the following expedient in a forceps case. He says, "It was during the night, at an hour very unseasonable to call for assistance of a colleague; after fruitless attempts, my strength was entirely exhausted. I was all in a perspiration, and inexpressibly fatigued, when a practical idea occurred to my mind. I remembered how wire-makers pull the copper for wire. I procured at once a strong belt, which I fixed around my waist, and in it I hooked the free handles of the forceps that had been properly applied; then, holding my knees against the bedside and pulling methodically together with my waist and arms, I succeeded easily in bringing out the fœtus alive and free from injury."

POISONING BY NITRATE OF SILVER.—A case is reported in the *Brighton Guardian* in which a man hastily took a piece of lunar caustic, thinking it to be an anti-bilious pill. Soon after, he felt a burning in the throat. The patient said he felt the caustic in the right side of the throat, but his physician, Mr. Hart, searched for it with his finger, and could feel nothing. Two or three hours after, Mr. Hart was sent for, and found great difficulty of breathing, for which he performed an operation and carried on artificial respiration. But the man died. At the post-mortem, the stomach was found congested. "On examining the throat, at the back of the tongue he found a large black patch in the fold of the mucous membrane, where the poison had lodged. The passage into the lungs was completely blocked up, and the throat much swollen. Deceased died from suffocation." A similar case to the above, in which croup was caused by a bit of caustic dropping into the windpipe, is recorded by Dr. Albers, of Bremen, and mentioned by Christison.

WASHING out of the stomach, and the aspiration of liquids secreted by it, is more and more practised in Germany, since Kussmaul highly praised this method. Dr. Schliep uses it in nearly all affections of the stomach, especially in chronic gastritis, with or without dilatation. The cure of chronic catarrh, according to his account in the *Deutsche Klinik*, vol. xvi., would require but a limited number of applications. In simple catarrh, five would suffice, on an average. He uses this method even in the dyspepsia of consumptive patients. In dilatation of the stomach, he empties that organ with the pump every day. He performs the washing out even in cancer; he uses pure water, or adds bicarbonate of soda to the water, if the liquids be very acid; or permanganate of potash, if the liquids show signs of fermentation; carbolic acid, when they contain vegetable parasites; boracic acid, as a disinfectant; and tincture of myrrh, in atonic dyspepsia with abundant secretion of mucus.—*Boston Medical and Surgical Journal.*

CURIOUS EPITAPH.—In the Jews' Burial-Ground at Bethnal Green is the following:

MRS.

S earch England or the universe around,
A doctress so compleat cannot be found;
M edicines prepared from herbs remove each ill,
P erfect great cures and proclaim her skill.
S ome hundreds her assistance frequent claim,
O ften recorded by the trump of fame.
N ow, reader, see if you can tell her name.

—*Medical Press and Circular.*

SPECIFIC GRAVITY OF CHOLESTERINE.—When crystallized cholesterine is dropped upon the surface or diffused in a finely-divided state through water, it floats upon the surface. From this it has been concluded that this body is less dense than water.

M. Mehu, in a communication to the *Société de Pharmacie*, proves by a series of ingenious experiments that cholesterine is in reality heavier than water,—having a density, according to his determinations, of 1.747.

The floating of cholesterine upon water is due to the adherence of minute air-bubbles, which not only attach themselves to the sides of the crystals, but are found between the lamellar plates of which the crystals are themselves composed.—*The Laboratory.*

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MAY 18, 1875, TO MAY 24, 1875, INCLUSIVE.

HAMMOND, J. F., SURGEON.—To report to the Commanding General, Military Division of the Atlantic, for duty as Attending Surgeon, relieving Surgeon Bill. S. O. 92, A. G. O., May 17, 1875.

BYRNE, C. C., SURGEON.—Assigned to duty as Post-Surgeon at Fort A. Lincoln, D. T. S. O. 88, Department of Dakota, May 18, 1875.

WEEDS, J. F., SURGEON.—When relieved by Surgeon Byrne, to comply with S. O. 75, c. s., War Department. S. O. 88, Department of Dakota, May 18, 1875.

WOLVERTON, W. D., ASSISTANT-SURGEON.—Assigned to duty at Fort Abercrombie, D. T. S. O. 87, Department of Dakota, May 15, 1875.

KNICKERBOCKER, B., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Colville, W. T. S. O. 58, Department of the Columbia, May 7, 1875.

BROWN, J. M., ASSISTANT-SURGEON.—Leave of absence extended twenty-three days. S. O. 97, Military Division of the Atlantic, May 17, 1875.

BROOKE, JOHN, ASSISTANT-SURGEON.—Relieved from duty in Department of the Columbia, to proceed to Philadelphia, Pennsylvania, and, upon arrival, report by letter to the Surgeon-General. S. O 92, c. s., A. G. O.

STEINMETZ, WILLIAM R., ASSISTANT-SURGEON.—Relieved from temporary duty at Fort McHenry, Maryland, to report to the President of the Army Medical Board, New York City, for examination for promotion, and, upon its completion, to the Commanding General, Department of the Missouri, for assignment to duty. S. O. 92, c. s., A. G. O.